

www.mass.gov/abcc

LICENSE NUMBE	R: 090400002		CITY OR TO	OWN NORTH	HBRIDGE
APPLICATION FO	R RENEWAL:	Annual	Ll	CENSED FOR	R 2013
		CLASS			YEAR
LICENSEE NAME	•	ON .			
	S A THE GRAY BAR	in .			
ADDRESS 2 ELM					
CITY/TOWN: NO	RTHBRIDGE	STATE: MA	ZIP COD	E: 01588	
MANAGER: ME	LLOR,JOHN H. TYP	'E OF LICENSE:	Restaurant	CATEGOR	Y: All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
	F LICENSED PREMIS				
THREE ROOMS O ENTRANCES.	N FIRST FLOOR, ON	NE ROOM SECON	ND FLOOR. FRO	ONT AND SID	E
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of	the same type for the	ne same premises	s now licensed;	
2. the licen	see has complied with	all laws of the Cor	nmonwealth rela	ting to taxes; a	nd
3. the prem	ises are now open for	business (If not ex	plain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	norate Officer		
	maryidadi, rarinor	or ramorized cor	portate officer		
DATE:	TEI EDUON	E NUMBER:	EMPI	OYER IDENTIFI	CATION NUMBER:
	TELETION	E NUMBER.			ial Security Number)
Acts of 2004, signe	ed, attest that we are ed by the building ins l (2) the certificate of	spector and the he	ad of the fire de	partment for	the above
Please Check Below:			LOCAL LIC	CENSING AU	THORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	Lain)				
(ii disappioved exp.	·······				
DATE:					
APPLICATION FOR RENE	EWAL MUST BE FILED BY LI	ICENSEES DURING THE	MONTH OF NOVEM	BER (M.G.L. Ch. 138	3 \$ 16A)



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LICENSE NUMBER: 0	90400003		CITY	OR TOWN	NORTHBR	LIDGE
APPLICATION FOR R	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: V DOING BUSINESS A ADDRESS 179 FLETC		LF CLUB				
CITY/TOWN: NORTI	HBRIDGE	STATE: MA	ZI	P CODE:	01588	
MANAGER: HULME CHRIST	E, TYPE (TOPHER	OF LICENSE:Cl	ub	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS: PLE	ASE ALSO VISIT OUR WEBSI	ΓE AND ENTER YOUR Ε	MAIL ADDI	RESS		
DESCRIPTION OF LIC	CENSED PREMISES	:				
ONE FLOOR FOUR ROAND ONE BASEMENT HOLES 1-7 ON THE N SIDE OF FLETCHER S CART	T ENTRANCES. PR ORTH SIDE OF FLI	EMISES TO INC ETCHER STREE	CLUDE T ET AND	THE AREA HOLES 8-9	CONTAINING ON THE SC	NG OUTH
I hereby certify and swe	ar under penalties of	perjury that:				
1. the renewed	license will be of the	same type for the	same p	remises now	licensed;	
	has complied with all					
	are now open for bus			_	,	
		_				
SIGNED BY	ndividual, Partner or	Authorized Corp	orate Of	ficer		
DATE:	TELEPHONE N	IUMBER:	(1)		R IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building inspe	ctor and the hea	d of the	fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	1		LOC By:	AL LICENS	SING AUTHO	DRITY
DATE:						



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LICENSE NUM	BER: 090400006		CITY	OR TOWN	NORTHBR	IDGE
APPLICATION	FOR RENEWAL:	Annua	al	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAM	ME: PICHEL HOLDING	SS INC.				
DOING BUSINI	ESS A HAWK'S NEST T	'AVERN				
ADDRESS 40 P	LUMMER AVE.					
CITY/TOWN:	NORTHBRIDGE	STATE:	MA Z	TIP CODE:	01588	
	PICHEL SR., TYP PHILIP R.	E OF LICENS	SE:General o premise	on Ca	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL ADI	DRESS		-
DESCRIPTION	OF LICENSED PREMIS	ES:				
	DING WITH BAR, SERV NCED IN BY A BLOCKA					
I hereby certify a	and swear under penalties	of perjury that	••			
1. the re	enewed license will be of the	he same type f	or the same	premises now	licensed;	
2. the lie	censee has complied with	all laws of the	Commonwe	alth relating t	o taxes; and	
3. the pr	remises are now open for b	ousiness (If no	t explain bel	ow)		
SIGNED BY						
	Individual, Partner	or Authorized	Corporate O	Officer		
DATE:	TELEPHONE	E NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
				(Note: NOT Inc	lividual Social So	ecurity Number)
Acts of 2004, si	gned, attest that we are igned by the building inspand (2) the certificate of l	pector and th	e head of th	e fire departi	ment for the	above
Please Check Below	<u>.</u>		LO	CAL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED	—					
(If disapproved e	explain)					
DATE						
DATE:						



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LICENSE NUM	IBER: 090400007		C	IIY OR IOW	N NORTHB	KIDGE
APPLICATION	FOR RENEWAL:	Annu	al	LIC	ENSED FOR 2	2013
		CLAS	SS			YEAR
LICENSEE NA	ME: MUMFORD K	NIGHTS OF COL	LUMBUS	CORP.#365		
DOING BUSIN	ESS A					
ADDRESS 77 I	PRESCOTT ROAD					
CITY/TOWN:	NORTHBRIDGE	STATE:	MA	ZIP CODE:	01588	
MANAGER:	MASTERSON, MARK L	TYPE OF LICEN	SE:Club		CATEGORY	: All Alcohol
EMAIL ADDRI	ESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAII	L ADDRESS		
DESCRIPTION	OF LICENSED PRE	EMISES:				
FULL CELLAR	AND CLUB HALL	UPSTAIRS.				
I hereby certify	and swear under pena	lties of perjury tha	t:			
1. the re	enewed license will be	e of the same type	for the sar	me premises n	ow licensed;	
2. the li	icensee has complied	with all laws of the	e Commor	nwealth relatin	g to taxes; and	
3. the p	remises are now open	for business (If no	ot explain	below)		
SIGNED BY	Individual, Par	tner or Authorized	l Corporat	e Officer		
DATE:	TELEPH	IONE NUMBER:			YER IDENTIFICA Individual Social	
Acts of 2004, s	igned, attest that we igned by the building and (2) the certificat	g inspector and th	ne head of	f the fire depa	artment for th	e above
Please Check Below	<u>v:</u>]	LOCAL LICE	INSING AUTH	IORITY
APPROVED:]	Ву:		
DISAPPROVE						
(If disapproved	explain)					
DATE:						
APPLICATION FOR I	RENEWAL MUST BE FILED	BY LICENSEES DURING	G THE MONT	TH OF NOVEMBE	R (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBER: 0904	400009		CI	TY OR TOW	N NORTHBR	RIDGE
APPLICATION FOR REN	NEWAL:	Annu	al	LICI	ENSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: BEADOING BUSINESS A BEADONG BUSINESS A BEADONG OF PROMINERS	RIAN'S AND EAT	ΓING AND	DRINKIN	IG PLACE		
ADDRESS 91 PROVIDEN						
CITY/TOWN: NORTHB	RIDGE	STATE:	MA	ZIP CODE:	01525	
MANAGER: SNAY, BR	IAN D. TYPE	OF LICEN	SE:Restau	rant	CATEGORY:	All Alcohol
	ALSO VISIT OUR WEBS		YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICES FIRST FLOOR CONSIST KITCHEN W/STORAGE. SIDE REAR AND FROM	ING OF DINING ENTRANCES A	ROOM, FU T FRONT,	MIDDLE			
 I hereby certify and swear the renewed lice the licensee has the premises are 	ense will be of the complied with al	e same type I laws of the	for the san	wealth relatin		
SIGNED BY Indi	vidual, Partner or	Authorized	Corporate	e Officer		
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building inspe	ector and th	e head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				OCAL LICE 3y:	NSING AUTHO	ORITY
DATE:			-			



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LICENSE NUMBER: 090400011		CITY OR TOWN NORTHBRIDGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: The Pardee Grou DOING BUSINESS A THE GRILL	ıp, Inc	
ADDRESS 2043 PROVIDENCE RD.		
CITY/TOWN: NORTHBRIDGE	STATE: MA	ZIP CODE: 01534
MANAGER: Pardee, John T	YPE OF LICENSE:Re	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS
DESCRIPTION OF LICENSED PREM 1 1/2 STORY BLDG. TWO ROOMS (STORAGE.		APROOM, HALF CELLAR USED FOR
I hereby certify and swear under penalt	ies of perjury that:	
1. the renewed license will be	of the same type for the	e same premises now licensed;
2. the licensee has complied w3. the premises are now open f		monwealth relating to taxes; and ain below)
SIGNED BY Individual, Partr	ner or Authorized Corpo	orate Officer
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	the certificate required by Chapter 304 of the d of the fire department for the above arance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIT disapproved explain)	LICENSE NUM	BEK: 090400014		CITY OR TOWN	NORTHBRIDGE
LICENSEE NAME: OLIVER ASHTON POST 343, INC. DOING BUSINESS A ADDRESS S/S CHURCH AVE. CITY/TOWN: NORTHBRIDGE STATE: MA ZIP CODE: 01534 MANAGER: BERKOWITZ, TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol HARRY EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEISHTE AND ENTER YOUR EMAIL ADDRESS ONE STORY FRAME AND BRICK VENEER BLDG. WITH PARTIAL CELLAR, ONE STORY BLDG. WKITCHEN, MEETING ROOM, MAIN HALL. 1 the renewed license will be of the same type for the same premises now licensed; 2 the licensee has complied with all laws of the Commonwealth relating to taxes; and 3 the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED: UCCAL LICENSING AUTHORITY By: DATE:	APPLICATION	FOR RENEWAL:	Annual	LICEN	NSED FOR 2013
DOING BUSINESS A ADDRESS S/S CHURCH AVE. CITY/TOWN: NORTHBRIDGE STATE: MA ZIP CODE: 01534 MANAGER: BERKOWITZ, TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol HARRY EMAIL ADDRESS:			CLASS		YEAR
CITY/TOWN: NORTHBRIDGE STATE: MA ZIP CODE: 01534 MANAGER: BERKOWITZ, TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol HARRY EMAIL ADDRESS: FLASE ALSO VISIT OUR WERSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY FRAME AND BRICK VENEER BLDG. WITH PARTIAL CELLAR, ONE STORY BLDG. W/KITCHEN, MEETING ROOM, MAIN HALL, STORAGE ROOM FOR SALES AREA OFF MAIN HALL. TWO TOILETS OFF MAIN HALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: By: DISAPPROVED: GIf disapproved explain)			TON POST 343, INC.		
MANAGER: BERKOWITZ, TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol HARRY EMAIL ADDRESS: PLEASE ALSO VISIT OUR WERSTIE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY FRAME AND BRICK VENEER BLDG. WITH PARTIAL CELLAR, ONE STORY BLDG. WKITCHEN, MEETING ROOM, MAIN HALL, STORAGE ROOM FOR SALES AREA OFF MAIN HALL. TWO TOILETS OFF MAIN HALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	ADDRESS S/S	CHURCH AVE.			
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY FRAME AND BRICK VENEER BLDG. WITH PARTIAL CELLAR, ONE STORY BLDG. W/KITCHEN, MEETING ROOM, MAIN HALL, STORAGE ROOM FOR SALES AREA OFF MAIN HALL. TWO TOILETS OFF MAIN HALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY	CITY/TOWN:	NORTHBRIDGE	STATE: MA	ZIP CODE:	01534
DESCRIPTION OF LICENSED PREMISES: ONE STORY FRAME AND BRICK VENEER BLDG. WITH PARTIAL CELLAR, ONE STORY BLDG. WKITCHEN, MEETING ROOM, MAIN HALL, STORAGE ROOM FOR SALES AREA OFF MAIN HALL. TWO TOILETS OFF MAIN HALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: By: DATE:			TYPE OF LICENSE: \	Veterans club C	CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PREMISES: ONE STORY FRAME AND BRICK VENEER BLDG. WITH PARTIAL CELLAR, ONE STORY BLDG. W/KITCHEN, MEETING ROOM. MAIN HALL, STORAGE ROOM FOR SALES AREA OFF MAIN HALL. TWO TOILETS OFF MAIN HALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:	EMAIL ADDRE	ESS:			
ONE STORY FRAME AND BRICK VENEER BLDG. WITH PARTIAL CELLAR, ONE STORY BLDG. W/KITCHEN, MEETING ROOM, MAIN HALL. STORAGE ROOM FOR SALES AREA OFF MAIN HALL. TWO TOILETS OFF MAIN HALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: By: DISAPPROVED: GITTELEPHONE NUMBER: LOCAL LICENSING AUTHORITY By: DATE:		PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	EMAIL ADDRESS	
BLDG. WKITCHEN, MEETING ROOM, MAIN HALL. STORAGE ROOM FOR SALES AREA OFF MAIN HALL. TWO TOILETS OFF MAIN HALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	DESCRIPTION	OF LICENSED PRE	EMISES:		
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIG disapproved explain) DATE:	BLDG. W/KITC	CHEN, MEETING RO	OOM, MAIN HALL, S		
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIG disapproved explain) DATE:	I hereby certify a	and swear under pena	lties of perjury that:		
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: By: DISAPPROVED: DISAPP	1. the re	enewed license will be	e of the same type for t	he same premises nov	v licensed;
SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: By: DISAPPROVED: DISAPPR	2. the lie	censee has complied	with all laws of the Co	mmonwealth relating	to taxes; and
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) DATE:	3. the pr	remises are now oper	n for business (If not ex	plain below)	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) DATE:	SIGNED BY	Individual, Par	rtner or Authorized Con	porate Officer	
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) DATE:	DATE:	TELEPH	HONE NUMBER:		
APPROVED: By: DISAPPROVED: Use the first of	Acts of 2004, si named license a	gned by the buildin	g inspector and the he	ad of the fire depart	tment for the above
DISAPPROVED: [[] (If disapproved explain) [] DATE:	_	<u>/:</u>		LOCAL LICEN	SING AUTHORITY
(If disapproved explain) DATE:	L			By:	
DATE:					
	(II disapproved 6	expiain)		.	
				·	
	DATE:				
	APPLICATION FOR R	RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	090400016		CITY OR TOWN	NORTHBRIDGE	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	DOUGLAS PACK	AGE STORE, INC	C.		
DOING BUSINESS A	A ARCADE PACK	AGE			
ADDRESS 185 CHU	RCH ST				
CITY/TOWN: NOR	ГНВRIDGE	STATE: MA	ZIP CODE:	01588	
MANAGER: WNU. DAVI		PE OF LICENSE:	Package Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMI	SES:			
2000 SQ FT RETAIL AND ONE REAR EN			LOOR WITH ONE F	RONT ENTRANCE	
	es are now open for Individual, Partner	business (If not ex		, unes, une	_
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	
Please Check Below:				ING AUTHORITY	
APPROVED: DISAPPROVED:			By:		
(If disapproved explain	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090	0400017		CITY OR TOWN	NORTHBR	LIDGE		
APPLICATION FOR RE	NEWAL:	Annual	nnual LICENSED FOR 2013				
		CLASS			YEAR		
LICENSEE NAME: ST	EVE TRAN						
DOING BUSINESS A 1	Quikstop						
ADDRESS 206 North Ma	nin St						
CITY/TOWN: NORTHI	BRIDGE	STATE: MA	ZIP CODE:	01588			
MANAGER: Tran, Stev	TYPE (OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:							
PLEAS	E ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		_		
DESCRIPTION OF LICE	ENSED PREMISES	:					
commercial brick building station, utility room, coole		front and rear ent	rances, employee off	ice, restroom	s, cahsier		
3. the premises at SIGNED BY	re now open for bus	iness (If not expl	·	taxes, and			
DATE:	TELEPHONE N	IUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)		
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY		
APPROVED: DISAPPROVED:			By:				
(If disapproved explain)							
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 090400021		CITY OR TOWN	NORTHDR	ADGE
APPLICATIO:	N FOR RENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
	AME: MINA'S FOOI NESS A VERA'S MIN				
ADDRESS 1 F	PLUMMERS CORNE	R			
CITY/TOWN:	NORTHBRIDGE	STATE: MA	ZIP CODE:	01588	
MANAGER:	YOUSSEF, ASHRAF	TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDF	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PRE	EMISES:			
1525 SQ. FT. I	MINI MARKET STO	RE, ENTRANCE AT FR	ONT AND REAR.		
	premises are now oper	with all laws of the Com n for business (If not exp	lain below)	rtaxes, and	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09	0400022		CITY OR TOWN	NORTHBE	RIDGE
APPLICATION FOR RE	NEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: FR DOING BUSINESS A ADDRESS 1167 PROVI		LIQUORS,IN	C.		
CITY/TOWN: NORTH		ATE: MA	ZIP CODE:	01588	
MANAGER: Giannopo William I	oulos, TYPE OF I	LICENSE: Pac		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF LICI	ENSED PREMISES:				
APPROX. 10,000 SQ. FT FLOOR) LOCATED WI' AT FRONT AND EMER	THIN WHITINSVILLE	E PLAZA SHO	OPPING AREA W	// ENTRANCE	
I hereby certify and swear	r under penalties of perj	ury that:			
1. the renewed li	cense will be of the sam	e type for the	same premises no	w licensed;	
2. the licensee ha	as complied with all law	s of the Comm	nonwealth relating	to taxes; and	
3. the premises a	re now open for busines	ss (If not expla	in below)		
SIGNED BY	dividual, Partner or Autl	horized Corpo	rate Officer		
DATE:	TELEPHONE NUM	IBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT)	Individual Social S	Security Number)
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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LICENSE NUMBER: 090400028		CITY OR TOWN	NORTHBR	IDGE
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: Sparetime Enterprise DOING BUSINESS A SPARETIME REC ADDRESS 117 CHURCH ST				
CITY/TOWN: NORTHBRIDGE	STATE: MA	ZIP CODE:	01588	
	E OF LICENSE: Ge		ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISE SINGLE STORY BLDG WITH ENTRANGED LOT	ES: CE ON CHURCH S	ST AND EXIT ON F	REAR PARK	ING
1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for b SIGNED BY Individual, Partner of	all laws of the Comrusiness (If not expla	nonwealth relating to		
22.02.7.2000., 2.02.02.0	z i iumonibuu oorpo			
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER:
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirated license and (2) the certificate of license and (2) the certificate	ector and the head	l of the fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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LICENSE NUMBER:	190400029		CITY OR TO	WN NORTHDE	CIDGE
APPLICATION FOR R	RENEWAL:	Annual	Ll	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: (GEORGE K DROS	IDIS			
DOING BUSINESS A	VILLAGE HOUS	E OF PIZZA			
ADDRESS 199 NORT	H MAIN ST				
CITY/TOWN: NORT	HBRIDGE	STATE: MA	ZIP COD	E: 01588	
MANAGER:	TYP	E OF LICENSE: R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC ONE STORY BLDG W		ES:			
SIGNED BY		business (If not exp			
DATE:	TELEPHONI	E NUMBER:		OYER IDENTIFICAT DT Individual Social S	
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building ins	pector and the hea	ad of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED: DISAPPROVED:]		By:		
(If disapproved explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J90400030		CITY OR TOW	N NORTHBE	CIDGE
APPLICATION FOR I	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		S,INC.			
ADDRESS 2201 PRO	VIDENCE ROAD				
CITY/TOWN: NORT	HBRIDGE	STATE: MA	ZIP CODE:	01534	
MANAGER: PATEI	, HARSHAD TYPE (OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES	:			
THREE ROOMS. ON RETURNABLE CAN					
2. the licensee 3. the premise SIGNED BY	license will be of the has complied with all s are now open for bus	laws of the Cominess (If not expl	monwealth relating		
	/ 1000., 1 010.01 01	Zumonizu Corp	0111001		
DATE:	TELEPHONE N	UMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED:]		LOCAL LICE By:	NSING AUTH	ORITY
(If disapproved explain)				
DATE:					



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LICENSE NUMBER: 0	90400032		CIT	Y OR TOWN	NORTHBE	RIDGE
APPLICATION FOR R	ENEWAL:	Annua	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: J	UBES, LLC					
DOING BUSINESS A	JUBES FAMILY R	ESTAURAN	ЛТ			
ADDRESS 1227 PROV	IDENCE RD					
CITY/TOWN: NORT	HBRIDGE	STATE:	MA	ZIP CODE:	01588	
MANAGER: JOUBE RICHA	RT, TYPE RD N. III	OF LICENS	SE: Restaura	int (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL A	DDRESS		
DESCRIPTION OF LIG						
2750 SQ FT SINGLE L OFFICE AND STORA BLDG. ONE EMERGI	GE ROOMS. ONE	EXIT AND	ENTRANC	E AT LEFT		
3. the premises SIGNED BY	has complied with al are now open for bu	usiness (If no	ot explain be	elow)	to taxes; and	
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
				(Note: NOT I	ndividual Social S	ecurity Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building inspe	ector and th	e head of t	he fire depar	tment for the	above
Please Check Below:			LO	OCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By	/ :		
DISAPPROVED:(If disapproved explain))					
(11 disapprovou explain)	,					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09040003	04	CITY OR TOWN NORTHB	KIDGE
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: Brenda M DOING BUSINESS A cellar so ADDRESS 106 Providence rd			
		TID CODE 01505	
CITY/TOWN: NORTHBRIDO			
MANAGER:	TYPE OF LICENSE:P	ackage Store CATEGORY:	: Wine and Malt Regular
EMAIL ADDRESS:			Wait Regular
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI	PREMISES:		
one room with storage			
•	plied with all laws of the Con open for business (If not exp	nmonwealth relating to taxes; and blain below)	
SIGNED BY Individua	ll, Partner or Authorized Corp	porate Officer	
DATE:		EMPLOYER IDENTIFICA	TION NUMBER.
TE	LEPHONE NUMBER:	(Note: NOT Individual Social	
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09	90400035		CITY	OR TOWN	NORTHBE	RIDGE
APPLICATION FOR R	ENEWAL:	Annua	l	LICEN	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: 4	81 YOGI CONV	ENIENCE STO	RE INC.			
DOING BUSINESS A	HIGHLAND FA	RMS				
ADDRESS 218 CHURO	CH STREET					
CITY/TOWN: NORTH	HBRIDGE	STATE:	MA ZI	P CODE:	01588	
MANAGER: CLARK	,DEBRA J. TY	PE OF LICENS	E:Package S	tore C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	ASE ALSO VISIT OUR W		OUR EMAIL ADD	RESS		
DESCRIPTION OF LIC				CF + F 240 4	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
CONVENIENCE STOR AND SIDE ENTRANC OF STORE						
I hereby certify and swe	ar under penalties	s of perjury that:				
1. the renewed	license will be of	the same type for	or the same p	remises now	licensed;	
2. the licensee h	nas complied with	n all laws of the	Commonwea	alth relating t	o taxes; and	
3. the premises	are now open for	business (If not	explain belo	ow)		
SIGNED BY	ndividual, Partne	r or Authorized (Corporate Of	ficer		
11	narviauai, r armei	i oi Aumonzeu	Corporate Or	ilicei		
DATE:	TELEDIION	IE NII IMDED.		EMPLOYER	R IDENTIFICAT	ION NUMBER:
	TELEFHON	IE NUMBER:	(ecurity Number)
Please Check Below: APPROVED:				CAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:			
(If disapproved explain)						
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 090400036		CITY OR TOWN NORTH	BRIDGE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: LAURIEANN'S R	ESTAURANT & BA	R,INC.	
DOING BUSI	NESS A			
ADDRESS 21	47 PROVIDENCE ROAD			
CITY/TOWN:	NORTHBRIDGE	STATE: MA	ZIP CODE: 01534	
MANAGER:	KAYHART,LAURI TY EANN	PE OF LICENSE: Re	staurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMI	SES:		
MEANS OF E		TRANCE TWO REA	OX.81' X 27' THERE ARE THI OR EXIT THROUGH STORAG OLEFT SIDE.	
I hereby certify	y and swear under penalties	s of perjury that:		
1. the	renewed license will be of	the same type for the	same premises now licensed;	
2. the	licensee has complied with	all laws of the Com	nonwealth relating to taxes; and	d
3. the	premises are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Social	l Security Number)
Acts of 2004,	signed by the building in	spector and the head	e certificate required by Cha d of the fire department for the rance required by Chapter 1	he above
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 090400037		CIT	TY OR TOW	N NORTHBE	RIDGE
APPLICATION FOR	RENEWAL:	Annua	1	LICE	ENSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	SR GOLF CLUB LI	.C				
DOING BUSINESS	A SHINING ROCK	GOLF CLUB				
ADDRESS 91 CLUB	HOUSE LANE					
CITY/TOWN: NOR	THBRIDGE	STATE:	MA	ZIP CODE:	01588	
MANAGER: PAPA	ADELLIS,LOUITYPI	E OF LICENS	E:General premise		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
L 1	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER Y	OUR EMAIL	ADDRESS		-
DESCRIPTION OF I	LICENSED PREMISI	ES:				
	VILDING UTILIZED PROX. 30 PREMISES PLF COURSE SHOW	ALSO TO IN	ICLUDE T	ΓHE AREA C	CONTAINING	THE 18
I hereby certify and s	wear under penalties of	of perjury that	:			
	ed license will be of the	• •		-		
	ee has complied with a			`	g to taxes; and	
3. the premis	ses are now open for b	ousiness (If no	t explain b	elow)		
SIGNED BY	Individual, Partner of	or Authorized	Corporate	Officer		
	morvious, rurinor	or radiiorized	corporate	omeer		
DATE:	TELEPHONE	MIMRED.		EMPLOY	ER IDENTIFICAT	TON NUMBER:
	TELETHONE	NONIDER.		(Note: NOT	Individual Social S	ecurity Number)
Acts of 2004, signed	l, attest that we are i l by the building insp (2) the certificate of l	ector and the	e head of	the fire depa	rtment for the	above
Please Check Below:			L	OCAL LICE	NSING AUTH	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved expla	ın <i>)</i>		_			
			_			
DATE:			_			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 090400038		CITY OR TOWN	NORTHBR	RIDGE
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: CRYSTAL G	AS INC.			
DOING BUSIN	IESS A				
ADDRESS 175	CHURCH STREET				
CITY/TOWN:	NORTHBRIDGE	STATE: MA	ZIP CODE:	01588	
	HOUSSAN, GEORGE EL	TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION	OF LICENSED PR	EMISES:			
		S A CONVENIENCE ST A AND RESTROOMC			Н
	premises are now ope	with all laws of the Comn for business (If not expure artner or Authorized Corp	lain below)	o taxes, and	
	maividuai, Fa	itulei of Authorized Corp	orate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below	<u>w:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVE	D: [By:		
(If disapproved					
DATE:					



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LICENSE NUMBER: 0	90400039		CITY (OR TOWN	NORTHBE	RIDGE
APPLICATION FOR R	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: I) & NG INC.					
DOING BUSINESS A	KING JADE R	ESTAURANT				
ADDRESS 1229 PROV	/IDENCE ROA	D				
CITY/TOWN: NORT	HBRIDGE	STATE: M	IA ZIF	CODE:	01588	
MANAGER: NG, NA	ATHAN T	YPE OF LICENSE	:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR	WEBSITE AND ENTER YO	UR EMAIL ADDR	ESS		_
DESCRIPTION OF LIG						
1650 SQ FTFRONT E AND DELIVERIES	ENTRANCE FR	OM PARKING LO	OT AND REA	AR ENTRA	ANCE FOR S	ERVICE
I hereby certify and swe	ear under penalti	es of perjury that:				
1. the renewed	license will be o	of the same type for	the same pr	emises now	licensed;	
2. the licensee	has complied wi	ith all laws of the C	ommonweal	th relating t	to taxes; and	
3. the premises	are now open for	or business (If not e	explain below	v)		
SIGNED BY	ndividual Partn	er or Authorized Co	ornorate Off	icar		
1	narviauai, i artii	ci oi Authorized Ci	orporate Off	icci		
DATE:	TEL EDILO		L	EMDI OVE	D IDENTIFICAT	ION NUMBER:
21112.	TELEPHO	NE NUMBER:	(N			ecurity Number)
						-
We the undersigned, a Acts of 2004, signed b						
named license and (2) of 2010.						
Please Check Below:			LOCA	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:	l					
(If disapproved explain))					
DATE:						
APPLICATION FOR RENEWAL	L MUST BE FILED BY	LICENSEES DURING T	HE MONTH OF I	NOVEMBER (N	И.G.L. Ch. 138 \$ 10	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 090400040		CITY OR TOWN	NORTHBR	IDGE
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 670 LIN		AND SPIRITS,	INC.		
CITY/TOWN: NO	RTHBRIDGE	STATE: MA	ZIP CODE:	01588	
	NNOPOULOS, TYPE O	OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT		EMAIL ADDRESS		
APPROX 4,100 SQ BUILDING INCLUI MERCHANDISE ST	LICENSED PREMISES FT SPACE LOCATED A DING 100 SQ FT OFFICE FORAGE; 2 RESTROOM SS IS AT THE REAR O	AT THE FRONT CE FOR ADMIN MS. PARKING I	ISTRATIVE USE; 5 LOST WITH AMPLE	00 SQ FT OI	F
 the renew the licens 	swear under penalties of pred license will be of the ee has complied with all ses are now open for bus	same type for the laws of the Com	monwealth relating to		
SIGNED BY	Individual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: NOT Indi		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NUMBE	R: 090400041		CITY OR TOWN	NORTHBR	RIDGE
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: LUXURY FOOD IN	NC.			
DOING BUSINESS	S A DIVINE THAI RE	ESTAURANT			
ADDRESS 123 CH	URCH STREET				
CITY/TOWN: NO	RTHBRIDGE	STATE: MA	ZIP CODE:	01588	
MANAGER: WE	YDT, ACHARA TYP	E OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	c				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS		
	F LICENSED PREMIS				
	OOM 44X19'6SECON EEZER, COOLERS AI			ITCHEN 3	
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of the	he same type for the	same premises now	licensed;	
2. the licen	see has complied with	all laws of the Comr	nonwealth relating t	to taxes; and	
3. the prem	nises are now open for b	ousiness (If not expla	ain below)		
SIGNED BY	Individual Partner	or Authorized Corpo	orate Officer		
	individual, i unition	or ramorized corp.			
DATE:	TELEPHONE	7 NIIIMDED.	EMPI OYE	R IDENTIFICAT	ION NUMBER:
	TELEFHONE	E NUMBER.		dividual Social S	
	ed, attest that we are i				
	(2) the certificate of				
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved exp	lain)				
DATE					
DATE:					
APPLICATION FOR RENE	EWAL MUST BE FILED BY LIC	CENSEES DURING THE M	ONTH OF NOVEMBER (M	Л.G.L. Ch. 138 \$ 16	5A)